
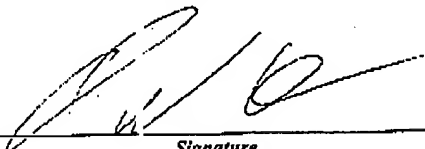


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Keun-Woo Lee, et al.			21C-0009
Serial No. 10/074,466	Filing Date 2-12-2002	Examiner Payne, Sharon E.	Group Art Unit 2875
Invention: ILLUMINATION DEVICE AND REFLECTION TYPE LIQUID CRYSTAL DISPLAY DEVICE USING THE SAME			
<p>I hereby certify that this <u>Amendment Transmittal Letter (1 Page) and Amendment (13 pages)</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9319</u>)</p> <p>on <u>November 5, 2003</u> (Date)</p> <p><u>Tammie Lanthier</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u></u> (Signature)</p>			
Note: Each paper must have its own certificate of mailing.			RECEIVED CENTRAL FAX CENTER NOV 05 2003
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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 21C-0009				
Applicant(s): Keun-Woo Lee, et al.								
Serial No. 10/074,466	Filing Date 2-12-2002	Examiner Payne, Sharon E.	Group Art Unit 2875					
Invention: ILLUMINATION DEVICE AND REFLECTIVE TYPE LIQUID CRYSTAL DISPLAY DEVICE USING THE SAME								
<u>TO THE COMMISSIONER FOR PATENTS:</u>								
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.								
CLAIMS AS AMENDED								
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE			
TOTAL CLAIMS	26	26 =	0 x	\$18.00	\$0.00			
INDEP. CLAIMS	3	3 =	0 x	\$86.00	\$0.00			
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00			
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00			
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.								
 _____ Signature			Dated: November 5, 2003					
David A. Fox Reg. No. 38,807 Confirmation No. 8902 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 (860) 286-2929			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</td> </tr> <tr> <td style="padding: 5px; text-align: center;">Signature of Person Mailing Correspondence</td> </tr> <tr> <td style="padding: 5px; text-align: center;">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	Signature of Person Mailing Correspondence	Typed or Printed Name of Person Mailing Correspondence
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Signature of Person Mailing Correspondence								
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cc:								

Application No. 10/074,466
Amendment date November 5, 2003
Response to Final Office Action date September 15, 2002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	KEUN-WOO LEE ET AL.)	
)	Group Art Unit:
Application No:	10/074,466)	2875
)	
Filed:	February 12, 2002)	
)	Examiner:
For:	ILLUMINATION DEVICE AND)	Payne, Sharon E
	REFLECTION TYPE LIQUID CRYSTAL)	
	DISPLAY DEVICE USING THE SAME)	

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AMENDMENT**OFFICIAL**

In response to the Office Action mailed September 15, 2003, Applicants request reconsideration in view of the following amendment and remarks for entry in the above-identified application.